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Bib Data Sheet

CONFIRMATION NO. 9376

SERIAL NUMBER 10/686,596	FILING DATE 10/17/2003 RULE	CLASS 378	GROUP ART UNIT 2882	ATTORNEY DOCKET NO. 32860-000636/US
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APPLICANTS

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** CONTINUING DATA *****

none

** FOREIGN APPLICATIONS *****

✓ GERMANY 10248770.7 10/18/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/29/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	GERMANY	5	28	2
Examiner's Signature <i>[Signature]</i>	Initials			

ADDRESS

30596

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P.O.BOX 8910

RESTON, VA

20195

TITLE

Imaging method for a multi-slice spiral CT scan with 3D reconstruction, and a computed tomography unit for carrying out this method

FILING FEE RECEIVED 1044	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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